

Pet Licence Application

To obtain additional forms you can go online to centrewellington.docupet.com/offline or email us at info@docupet.com



Centre Wellington

[verbage for pet limits]

Contact Information

First Name*	Last Name*
Email Address (required for online account)	
Telephone*	Cellphone

Mailing Address[†]

Street Number*	Street Name*	Unit or Apartment	City	Postal Code*
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[†]Note that if your mailing address is not the the physical address for your pet, you must complete the Physical Address section below.

Physical Address

Street Number*	Street Name*	Unit or Apartment	City	Postal Code*
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Pet Information

Pet's Name*		Pet's Breed*		Pet's DOB (YYYY/MM/DD)
Gender* <input type="radio"/> Male <input type="radio"/> Female	Spayed/Neutered* <input type="radio"/> Yes <input type="radio"/> No	Microchipped* <input type="radio"/> Yes <input type="radio"/> No	If yes, provide microchip number	
Colour*	Veterinary Clinic	Tag Type* <input type="radio"/> Small (22.5mm x 25mm) <input type="radio"/> Large (30mm x 33.2mm)		
Licence Type/Cost				

Additional Pet

Pet's Name*		Pet's Breed*		Pet's DOB (YYYY/MM/DD)
Gender* <input type="radio"/> Male <input type="radio"/> Female	Spayed/Neutered* <input type="radio"/> Yes <input type="radio"/> No	Microchipped* <input type="radio"/> Yes <input type="radio"/> No	If yes, provide microchip number	
Colour*	Veterinary Clinic	Tag Type* <input type="radio"/> Small (22.5mm x 25mm) <input type="radio"/> Large (30mm x 33.2mm)		
Licence Type/Cost				

Payment & Donation*

Yes! I want to help more pets in my community find a safe and happy home. I want to make a donation of <input type="radio"/> \$10 <input type="radio"/> \$25 <input type="radio"/> \$100			Sum Received* \$	
Payment Type <input type="radio"/> Cash <input type="radio"/> Cheque <input type="radio"/> Mastercard <input type="radio"/> VISA				
Credit Card Holder Name		Credit Card Number	CVC	Expiry Date (YYYY/MM)

Who do I make a cheque out to?

Please make cheques payable to Township of Centre Wellington.

Where do I mail this form?

Township of Centre Wellington
1 Macdonald Sq
Elora ON N0B1S0

I verify that my pet's information contained within this form is correct and my pet's vaccines are up to date.